

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
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<http://ag.ca.gov/charities/>

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES

2002 ANNUAL FINANCIAL REPORT

(California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.



Name and Address of Commercial Fund-raiser: <u>Charitable Choices (www.charitychoices.com)</u> Name of Commercial Fund-raiser <u>4 Park Avenue, Suite 200</u> Address of Commercial Fund-raiser <u>GaitHERSBURG, MD 20877</u> City, State, and ZIP Code of Commercial Fund-raiser	Name and Address of Charitable Organization: CT No. <u>NIR</u> F.E.I.N. No. _____ <u>Children's Hunger Fund</u> Name of Charity <u>P.O. Box 7085</u> Address of Charity <u>Mission Hills, CA 91346</u> City, State, and ZIP Code of Charity
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Figures from (check one): National Campaign ☒ California Campaign ☐

ONLINE DONATION SERVICE held (on) (from) January 01, 20 02, to December 31, 20 02
(Type of Activity) (Date or dates must be shown)

Is the contract between the commercial fund-raiser and charity based upon a fee or percentage of revenue? (check one) Fee ☐ Percentage ☒
If other, provide brief explanation _____ Other ☐

1. REVENUE

- | | | |
|---|-------------------|-----|
| A. Cash contributions | <u>\$1,550.00</u> | A. |
| B. Entertainment sales or admission charges | _____ | B. |
| C. Sales from products | _____ | C. |
| D. Advertisement sales | _____ | D. |
| E. Membership fees | _____ | E. |
| F. Other sources: (Specify) | _____ | Fa. |
| a. _____ | _____ | Fb. |
| b. _____ | _____ | Fc. |
| c. _____ | _____ | Fd. |
| d. _____ | _____ | |

G. TOTAL REVENUE

\$1,550.00 G.

2. EXPENSES

- | | | |
|-----------------------------------|-----------------|-----|
| A. Fees or commissions | <u>\$116.25</u> | A. |
| B. Salaries | _____ | B. |
| C. Payroll taxes | _____ | C. |
| D. Employee benefits | _____ | D. |
| E. Cost of merchandise for resale | _____ | E. |
| F. Cost of entertainment | _____ | F. |
| G. Postage | _____ | G. |
| H. Advertising | _____ | H. |
| I. Telephone | _____ | I. |
| J. Rental of equipment | _____ | J. |
| K. Facilities charge | _____ | K. |
| L. Permits | _____ | L. |
| M. Other expenses: (Specify) | _____ | Ma. |
| a. _____ | _____ | Mb. |
| b. _____ | _____ | Mc. |
| c. _____ | _____ | Md. |
| d. _____ | _____ | |

N. TOTAL EXPENSES

\$116.25 N.

3. Amount to Charity (subtract line 2N from line 1G) 3. \$1433.75
4. Less additional fund-raising expenses paid by charity (to be completed by charity) 4. 0
5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) 5. NA
6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) 6. \$1433.75
7. (a) Does any officer, director, partner or owner of the Commercial Fund-raiser have any affiliation with or control over, directly or indirectly, the charitable organization for which the Commercial Fund-raiser has contracted to solicit?
[] Yes [X] No If "yes," complete the following:

Name of officer, director, partner or owner of Commercial Fund-raiser	Name and address of charitable organization	Relationship of officer, etc. To charitable organization

(b) For each affiliation identified in 7 (a), attach copy of the contract between the commercial fundraiser and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge, the information is true and correct.

Signature of authorized officer (Commercial Fund-raiser)
Date

10/6/03

Tim Saasta
Printed Name

Director
Title

Persons or directors of the charitable organization for verifying the distribution.

Signature of authorized officer/director (Charity)

Signature of authorized officer/director (Charity)
Date

4/16/03

TIMOTHY KIRK
Printed Name

V.P. OPS
Title

4/17/03

BRYAN Mc KINNEY
Printed Name

V.P. Min. Dev.
Title